

One Hamilton County Square, Suite 215
Noblesville, Indiana 46060

HAMILTON COUNTY SUPERIOR COURT 6

Telephone (317) 770-4450

CAUSE NO. 29D06-_____-_____-_____

Please complete cause number for your case.

AFFIDAVIT OF INDIGENCY AND REQUEST FOR APPOINTMENT OF COUNSEL

Please state accurately and completely the following information:

Name _____ Age _____ Telephone No. (_____) _____ - _____

Date of Birth ____/____/____ Social Security Number (last four digits only) _____

Street Address _____

City _____ State _____ Zip _____

Occupation _____ Current Employer _____

How often are you paid? _____ Amount you BRING HOME when you are paid \$ _____

Amount you are paid BEFORE DEDUCTIONS \$ _____

If you are unemployed, how long have you been unemployed? _____

Why are you unemployed? _____

Are you (check one): **married?** **single?** **divorced?**

If are married, what is your spouse's name? _____

Please list spouse's address, if different from yours:

Street Address _____

City _____ State _____ Zip _____

Spouse's Occupation _____ Spouse's Employer _____

How often is your spouse paid? _____ Amount spouse BRINGS HOME when paid \$ _____

Amount spouse paid BEFORE DEDUCTIONS \$ _____

If your spouse is unemployed, how long has he or she been unemployed? _____

Why is your spouse unemployed? _____

For BOTH you and your spouse, if married, please list all other sources of income:

Unemployment	How much? _____	How often received? _____
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Severance Pay	How much? _____	How often received? _____
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Disability	How much? _____	How often received? _____
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Worker's Comp.	How much? _____	How often received? _____
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Child Support	How much? _____	How often received? _____
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Sick Pay	How much? _____	How often received? _____
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Welfare	How much? _____	How often received? _____
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Other	How much? _____	How often received? _____
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Is your health good? _____ If not, please explain? _____

Who else lives with you in your residence?

NAME	AGE	OCCUPATION	WEEKLY INCOME
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Do you own real estate? _____ If yes, its value \$ _____ Amount owed on it, if any \$ _____

Do you pay rent? _____ If yes, total amount of rent \$ _____ Amount that you pay \$ _____

Do you pay child support? _____ If yes, how much do you pay each month \$ _____ Arrears:
\$ _____

Please list all vehicles, such as car, trucks, or motorcycles, that you own or that are in your name::

Type of Vehicle _____ Value \$ _____ Amount owed on it, if any \$ _____

Type of Vehicle _____ Value \$ _____ Amount owed on it, if any \$ _____

Please list all other property that you own, such as boats, televisions, trailers, etc., worth \$500 or more:

Type of Property _____ Value \$ _____ Amount owed on it, if any \$ _____

Type of Property _____ Value \$ _____ Amount owed on it, if any \$ _____

Please list all debts that you owe over \$250:

WHO DO YOU OWE?	AMOUNT YOU OWE?
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list all bank accounts in you name individually or jointly with somebody else:

Type of account _____ Amount in account \$ _____

Type of account _____ Amount in account \$ _____

Why do you need an attorney? _____

If you have another case pending under a different cause number, please list the attorney who is representing you on the other case: _____

If you are charged with a violation of probation, please list the attorney who represented you on this case when pled guilty, or who represented you on a prior violation this case: _____

I understand that I may be ordered by the Court to reimburse the County in part or in whole for the public defender services if the Court does appoint a public defender for me.

Under the pains and penalties for perjury, I hereby solemnly swear, or affirm, that the information above is true and correct to the best of my knowledge, information and belief.

Date: _____ Signature: _____